dulous belly; 6, or about 13 per cent., had descent of uterus or vagina; 3, or about 7 per cent., had hernia; and 7, or about 15 per cent., had "retroflexion" of the uterus. Displacements of the uterus are frequently mentioned by the author, but he never uses any word but "retroflexion." If these proved to be cases of retroversion with descent, with or without retroflexion, all the above women, twenty-five in all, or more than 55 per cent., suffered from diseases associated with disturbance of the intra-abdominal relations of pressure—a most pregnant fact.—*Lancet*, April 22, 1882.

Floating Kidney in the Female.

There is a great diversity of opinion as to the pathological importance and therapeutic indications of floating kidney. The majority of clinicians regard them as anatomical curiosities, and of no clinical moment; lately, however, KEPPLER claims that a floating kidney is a continual menace to the life of the patient, and that the danger should be removed, as soon as detected, by the extirpation of the organ. Landau, in his work on this subject, gives us an analysis of forty-five cases, and arrives at conclusions opposed to those generally held. He believes, with great probability, that a movable kidney often escapes detection, or may be wrongly interpreted. It occurs generally in women between the ages of 30 and 40 years, from special predisposing causes, or from displacement by tumours, rapid diminution of fat in acute diseases, or relaxation of the abdominal walls after gestation. Habitual constipation may also be an exciting cause of displacement of the kidney, or the downward displacement of all the abdominal viscera from tight lacing may drag the kidney from its normal position. Among other exciting causes are mentioned prolapse of the genital organs, hydronephrosis and abnormal laxity of the perinephritic tissues.

Instead of explaining the symptoms as due to torsion of the renal vessels, and a consequent disturbance of the renal circulation, Landau believes that they are dependent on the varying facilities of excretion depending upon the different degrees of torsion or flexion of the ureters.

This is the most satisfactory explanation of the colicky pains and hydronephrosis often accompanying movable kidneys. Palpation furnishes the most reliable means of arriving at a diagnosis. Landau believes that a movable kidney in no way threatens life, and that as spontaneous cures often occur, nephrectomy is not a justifiable operation, especially since of the six cases, thus operated on up to the end of 1880, three were fatal.

In order to render the kidney immovable, Landau employs a corset descending to the pubes, and electricity, massage, and sea-baths to increase the tone of the abdominal walls. Complications are not regarded by Landau as generally fatal, and he only recommends expectant treatment.—*Journ. de Méd. de Paris*, April 1, 1882.

Palpation of Vesical Calculi in Children.

In No. 11 of *Centralblatt für Chirurgie*, RICHARD VOLKMANN contributes the following concerning the diagnostic value of rectal examinations in cases of vesical calculi in children:—

The value of a rectal bimanual examination in children suffering from stone in the bladder is recognized by all. The examination is made whilst the patient is thoroughly under the influence of an anæsthetic, with complete relaxation of the abdominal parietes and the bladder but slightly distended or empty. Two fingers of the left hand are carried as high up into the rectum as possible; the right hand presses upon the abdomen above the symphysis and forces the bladder downward toward the rectum until both hands meet. In children the whole bladder can be palpated by this method, and even small calculi are readily detected. It requires considerable practice and experience, however, to determine the size of the stone, although it can be distinctly felt and moved about between the fingers of both hands, and at first he was often deceived concerning the size of the calculus; usually he considered the stone smaller than it proved to be after being extracted.

Of late, he has found, however, that there exists a yet more certain method to determine the size of a calculus in children by direct palpation. By means of the fingers of the left hand, which have been introduced into the rectum, and guided by the right hand which rests upon the abdomen the stone is lifted upon the os pubis and held there. It is an easy matter then to completely encompass it, and to allow those about to handle it. If the calculus is not too large, it is possible to raise it, together with the skin of the groin, so high as to tie it with an elastic ligature. He does not mention this, however, to suggest the elastic ligature as a method of removing vesical calculi, but because it may be possible to utilize it in such movable tumours of the bladder as are observed in pediculated papillomata and myomata.

In the last four cases of stone in children which came under his observation he succeeded very readily and without exception in dislocating the calculus upon the os pubis and in encompassing it with his fingers. The last stone which he palpated in this manner was as large as a chestnut.

In adults this manipulation can, of course, be performed only in spare subjects with thin abdominal walls.—*St. Louis Med. and Surg. Journ.*, May, 1882.

Tumour of the Bladder in the Male successfully removed through Perineal Section.

At a meeting of the Royal Medical and Chirurgical Society, held April 11th, Sir HENRY THOMPSON reported the following case: Thomas R., aged 29, consulted Sir H. Thompson on July 26, 1880. Eight years previously he had passed "a piece of gravel of the size of a pea." After this he felt nothing unusual until 1877, when his micturition became more frequent, and was followed by pain in the end of the penis; also, occasionally, blood appeared in the urine, especially after exercise. The patient was sounded, and a small calculus was found. On August 5th, Mr. Bailey gave ether, and Mr. Furber, who had seen R. previously, was present at the operation. It was a small oxalate of lime calculus, and was easily crushed and removed. Very little improvement followed the operation. The bladder was not quite emptied by the natural efforts; the gum catheter was used daily, and on two occasions gave signs of the presence of something in the bladder, which a subsequent exploration with the lithotrite did not discover. Being relieved, he resumed his employment, and was occasionally seen relative to the still existing slight symptoms, which gradually increased. On October 5th, Sir H. Thompson examined the bladder, and removed a quantity of phosphatic deposit with the lithotrite. He then seized what at first felt like a calculus, and partially crushed it under pressure; but it was evidently fixed, giving an impression of partially impacted stone. More phosphatic matter being washed out, it was decided to watch the result for a short time, and to open the bladder if necessary. Accordingly, as after three weeks he had received very little benefit from the last operation, Sir Henry cut, as in median lithotomy, on the 6th November, 1880. Professor Paggi, of Florence; Dr. Seegen, of Vienna; and Mr. Ceely, of Aylesbury, were present. Having introduced his finger well into the bladder, and pressure being made above the pubes, Sir H. Thompson recog-